



HARRISVILLE STATE SCHOOL

Pride to Achieve- "Every Student Succeeding"

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ACTIVITY CONSENT FORM 2018 - ACTIVITY _____

Privacy notice

The Department of Education is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students.
- I give consent for my child, _____ in class _____ to participate in the activity listed above.
- I will pay to the school the costs detailed in this consent form for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer's Name: _____ (Please print)

Parent/Carer Signature: _____ Date: ____/____/____

Additional medical information

The school collected medical information about your child at enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

You may also wish to update/provide the following optional information*:

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if applicable): _____ Membership No.: _____

*If an enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

I would like this additional information about my child's medical information to be recorded in OneSchool records.

